

445

Initial Notification for Compression Ignition Engines^a

REC'D

NESHAP for Reciprocating Internal Combustion Engines40 Code of Federal Regulations (CFR) 63.6580 – 63.6675 (Subpart ZZZZ)

APCU

NOV 2 9 2010

Facility Information

Name of Firm/Company:	Facility Name (if different):			Facility Number (if known):	
EMC Insurance Companies	Parking Ramp			N/A	
Equipment Location - Street:		City:		State:	Zip:
700 Mulberry Street Mailing Address (if different):		Des l	Moines	IA State:	50309 Zip:
717 Mulberry Street	Ł	Des	Moines	IA	50309
Person to Contact:	Phone number:		Email (if	available):	
Mr. Harold Capps	515-345-2150	515-345-2150 harold.l		d.k.capps@emcins.com	
This facility is a (please choose one)):				
☐ Major source: potential or act (HAP) or 25 tons of a combinati	_	10 tons	of any single	e hazardous a	r pollutant
☑ Area source: potential and act	tual emissions below major	source	levels		

Identification of Standard

Yes, this facility is subject to 40 CFR Part 63, Subpart ZZZZ, National Emission Standards for Hazardous Air Pollutants for Reciprocating Internal Combustion Engines (RICE NESHAP):

This is an example of the type of information that must be submitted to fulfill the Initial Notification requirement of 40 CFR 63. Subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
	150 DGFA s/n A060873221	Y	1/2006	2006	277
-					
	!				

Existing units: Initial notifications are required to be submitted by August 31, 2010 for the following:

Area sources:

Non-emergency engines > 300 bhp, installed before June 12, 2006

Major sources:

Non-emergency engines > 500 bhp, installed before December 19, 2002, and

Non-emergency engines > 100 and ≤ 500 bhp, installed before June 12, 2006

New units: Initial notifications are required to be submitted within 120 days of startup for the following:

Major sources:

All engines > 500 bhp installed on or after December 19, 2002

Signature

	Responsible Official Certification	
I certify the truth, a	ccuracy, and completeness of this notifica	ntion.
Responsible Official Name	Responsible Official Signature	Date
Harold Capps Jr.	Harall Consolh	November 23, 2010
	The Company	

Submit this notification to the following agencies:

- Director, Air and Waste Management Division, U.S. Environmental Protection Agency, 901 N. 5th Street, Kansas City, KS 66101
- NESHAP Coordinator, Iowa Department of Natural Resources, 7900 Hickman, Suite 1; Windsor Heights, 1A, 50324
- If the facility is located in either Linn County or Polk County, this notification shall <u>also</u> be submitted to the appropriate county office:

Polk County Public Works – Air Quality Division 5885 NE 14th Street; Des Moines, IA 50313

Linn County Public Health - Air Quality Division 501 13th Street NW; Cedar Rapids, IA 52405



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APCL

Facility Information

Name of Firm/Company:	Facility Name (if different):		Facility Number (if known):			
EMC Insurance Companies	Headquarters Building					
Equipment Location - Street:		City:		State:	Zip:	
717 Mulberry Street	***************************************		loines	IA	50309- 3810	
Mailing Address (if different):	City:		State:	Zip:		
Person to Contact:	Phone number: Email (if a		Email (if av	available):		
Mr. Harold Capps	515-345-2150 har		harold.k.cap	d.k.capps@emcins.com		
This facility is a (please choose one):						
☐ Major source: potential or actual e (HAP) or 25 tons of a combination of		10 tons o	of any single h	nazardous air _l	oollutant	
☑ Area source: potential and actual e	missions below major	source le	evels			
Identification of Standard						
_					_	
Yes, this facility is subject to 40 CFI	R Part 63, Subpart ZZZZ	L, Nationa	al Emission Sta	ındards for Haz	ardous Air	

Pollutants for Reciprocating Internal Combustion Engines (RICE NESHAP):

This is an example of the type of information that must be submitted to fulfill the Initial Notification requirement of 40 CFR 63. Subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
	230 ROZD s/n 325763	Y	6/1993	1990	276
	- 1/ feb 1/ feb 1				
		S-12-71-71-71-71-71-71-71-71-71-71-71-71-71-			
			3		

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☐ I certify the truth, accuracy, and completeness of this notification.					
Responsible Official Name	Responsible Official Signature	Date			
Harold Capps Jr.	Harold Conson	November 23, 2010			
	, 70				

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Linn County Public Health - Air Quality Division 501 13th Street NW; Cedar Rapids, 1A 52405



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AFUL

NESHAP for Reciprocating Internal Combustion Engines 40 Code of Federal Regulations (CFR) 63.6580 – 63.6675 (Subpart ZZZZ)

Facility Information

Name of Firm/Company:	Facility Name (if different):			Facility Number (if known):	
EMC Insurance Companies	Office Building				
Equipment Location - Street:		City:		State:	Zip:
700 Walnut Street		Des M	loines	IA	50309
Mailing Address (if different):		City:		State:	Zip:
717 Mulberry Street		Des M	loines	IA	50309
Person to Contact:	Phone number:		Email (if av	ailable):	
Mr. Harold Capps	515-345-2150		harold.k.capps@emcins.com		om
This facility is a (please choose one):					
☐ Major source: potential or actual en (HAP) or 25 tons of a combination of I		10 tons o	of any single	hazardous air _l	oollutant
	nissions below major	source le	evels		
Identification of Standard					
Yes, this facility is subject to 40 CFR Pollutants for Reciprocating Internal Con				andards for Ha	zardous Air
W.					

This is an example of the type of information that must be submitted to fulfill the Initial Notification requirement of 40 CFR 63. Subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
	1000 DFJD s/n E950577838	Y	5/1995	1995	1490
	750 DFJA s/n G950581084	Y	7/1995	1995	1135

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\boxtimes	I certify the truth, accu	uracy, and completeness of this notific	cation.
Respo	onsible Official Name	Responsible Official Signature	Date
Haro	ld Capps Jr.	Tack one	November 23, 2010

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ALL

Facility Information

Name of Firm/Company:	Facility Name (if different):			Facility Number (if known):	
EMC Insurance Companies	Ames Building				
Equipment Location - Street:	And the San Comment	City:		State:	Zip:
1205 Buckeye Mailing Address (if different):		Ames City:	100000000000000000000000000000000000000	IA State:	50010 Zip:
717 Mulberry Street		Des M	loines	IA	50309
Person to Contact:	Phone number:		Email (if av	vailable):	
Mr. Harold Capps	515-345-2150	harold.k.capps@emcins.com		om	
This facility is a (please choose one):					
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Identification of Standard					
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Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
	500 DFEK s/n L070142335	Y	12/2007	2007	755
	500 DFEK s/n L070142336	Y	12/2007	2007	755

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